STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS430AGC	A. BUILDING _____ B. WING _____	06/16/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/16/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category II residents. The census at the time of the survey was eight. Eight resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 072 SS=E	449.196(3) Qualifications of Caregiver-Med Training NAC 449.196 3. If a caregiver assists a resident of a residential facility in the administration of any medication, including, without limitation, an over-the-counter medication or dietary supplement, the caregiver must: (a) Receive, in addition to the training required pursuant to NRS 449.037, at least 3 hours of training in the management of medication. The caregiver must receive the training at least every 3 years and provide the residential facility with	Y 072		

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Y 072	Continued From page 1 satisfactory evidence of the content of the training and his attendance at the training; and (b) At least every 3 years, pass an examination relating to the management of medication approved by the Bureau. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure that 1 of 6 caregivers had completed the required three hour medication management refresher training every three years (Employee #1). Severity: 2 Scope: 1	Y 072		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure 3 of 6 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #4 - physical, evidence of positive TB	Y 103		

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Y 103	Continued From page 2 and annual signs and symptoms, #5 - two step TB test and #6 - two step TB test). This was a repeat deficiency from the 6/3/09 and 8/19/09 State Licensure survey. Severity: 2 Scope: 2	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure 1 of 6 employees met background check requirements of NRS 449.176 to 449.188 (Employee #4 - signed criminal history statement, FBI and state background check). This was a repeat deficiency from the 8/19/09 State Licensure survey. Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1,	Y 106		

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Y 106	Continued From page 3 (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure that 1 of 6 caregivers was trained in cardiopulmonary resuscitation (Employee #1). Severity: 2 Scope: 1	Y 106		
Y 152 SS=C	449.204(2) Insurance-BLC endorsement NAC 449.204 2. A certificate of insurance must be furnished to the Division as evidence that the contract required by subsection 1 is in force and a license must not be issued until that certificate is furnished. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the bureau before the effective date of a cancellation or nonrenewal of the policy. This Regulation is not met as evidenced by: Based on interview and record review on 6/16/10, the facility failed to ensure a current certificate of insurance was available. Severity: 1 Scope: 3	Y 152		

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Y 273	Continued From page 4	Y 273		
Y 273 SS=F	449.2175(4) Service of Food - Special Diets NAC 449.2175 4. A resident who has been placed on a special diet by a physician or dietitian must be provided a meal that complies with the diet. The administrator of the facility shall ensure that records of any modification to the menu to accommodate for special diets prescribed by a physician or dietitian are kept on file for at least 90 days. This Regulation is not met as evidenced by: Based on observation and interview on 6/16/10, the facility failed to provide a diabetic and renal diet to 1 of 1 residents ordered a special diet (Resident #8). Severity: 2 Scope: 3	Y 273		
Y 320 SS=D	449.220(1) Bedroom Doors - Locks NAC 449.220 1. A bedroom door in a residential facility which is equipped with a lock must open with a single motion from the inside unless the lock provides security for the facility and can be operated without a key or any special knowledge. This Regulation is not met as evidenced by: Based on observation on 6/16/10, the facility failed to ensure 1 of 6 bedroom door locks could be opened with a single motion (Bedroom #1). This is a repeat deficiency from the 8/19/09 State Licensure Survey.	Y 320		

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Y 320	Continued From page 5 . Severity: 2 Scope: 1	Y 320		
Y 435 SS=C	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections. This Regulation is not met as evidenced by: Based on observation on 6/16/10, the facility failed to ensure that 1 of 1 facility fire extinguishers were inspected annually. Severity: 1 Scope: 3	Y 435		
Y 730 SS=F	449.2718(1)(a)(b) Fecal Impactions; NAC 449.2718 1. A person who requires the manual removal of fecal impactions or the use of enemas or suppositories must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident is able to provide the care for himself. (b) The care is administered according to the written instructions of a physician by a medical professional who has been trained to provide that care.	Y 730		

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Y 730	Continued From page 6 This Regulation is not met as evidenced by: Based on observation and interview on 6/16/10, the facility failed to ensure 1 of 1 residents (Resident #5) prescribed a suppository was able to provide the care for himself. Severity: 2 Scope: 3	Y 730		
Y 773 SS=G	449.2726(1)(a)(1)(2) Diabetes 449.2726(1)(a)(b) NAC 449.2726 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (a) The resident's glucose testing is performed by: (1) The resident himself, without assistance; or (2) A medical laboratory licensed pursuant to chapter 652 of NRS; and This Regulation is not met as evidenced by: Based on record review and interview on 6/16/10, the facility did not ensure that blood glucose testing for 1 of 8 residents was performed by the residents themselves without assistance (Resident #8). Findings include: Resident #8 was admitted to the facility 6/9/10. During an interview on 6/16/10 Resident #8	Y 773		

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Y 773	Continued From page 7 stated Employee #1 checked her blood sugar for her and recorded the reading on a log. Resident #8 stated she was not sure where the log was kept. During an interview on 6/16/10, Employee #1 stated he pricked Resident #8's finger, tested her blood and recorded the number on a log. Employee #1 was not at the facility during the survey, and stated the log he recorded the blood sugar readings on was with him. Severity: 3 Scope: 1	Y 773		
Y 775 SS=G	449.2726(1)(b)(1) Residents having diabetes 1. A person who has diabetes must not be admitted to a residential facility or be permitted to remain as a resident of a residential facility unless: (b) The resident's medication is administered: (1) By the resident himself without assistance; This Regulation is not met as evidenced by: Based on resident interview and staff interviews on 6/16/10, the facility did not ensure 1 of 8 residents administered insulin themselves without assistance (Resident #8). Findings include: Resident #8 was admitted to the facility 6/9/10. Resident #8 stated she was diabetic and was on insulin injections. A discharge document from a local hospital documented Resident #8 was prescribed Lantus 18 units every night at bedtime	Y 775		

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Y 775	Continued From page 8 and Novolog 3 units three times a day. Resident #8 stated Employee #1 filled her syringes with insulin and also injected her with the insulin. During an interview Employee #1, he stated he injected Resident #8 four times a day with insulin. He stated he injected the Novolog 3 units three times a day and at bedtime he stated he injected Lantus 18 units. Employee #1 is the owner of the facility and occasionally worked as a caregiver in the facility. Employee #1 stated he also worked for a home health agency, so he thought it was acceptable for him to do the injections. Employee #1 stated he would request home health services for Resident #8. Severity: 3 Scope: 1	Y 775		
Y 791 SS=F	449.2726(3)(b) Diabetes NAC 449.2726 3. The caregivers employed by a residential facility with a resident who has diabetes shall ensure that: (b) Syringes and needles are disposed of appropriately in a sharps container which is stored in a safe place. This Regulation is not met as evidenced by: Based on observation and interview on 6/16/10, the facility failed to ensure syringes and needles were disposed of appropriately in a sharps container for 1 of 1 residents (Resident #8) (needles were put in a milk container stored unsecured under the sink in the laundry room).	Y 791		

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Y 791	Continued From page 9 Severity: 2 Scope: 3	Y 791		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review and interview on 6/16/10, the facility failed to ensure that 1 of 8 residents received an annual physical (Resident #3). This is a repeat deficiency from the 8/19/09 State Licensure Survey. Severity: 2 Scope: 1	Y 859		
Y 895 SS=C	449.2744(1)(b)(1) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to	Y 895		

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Y 895	Continued From page 10 each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure the medication administration record (MAR) was accurate for 8 of 8 residents (Resident #1, #2, #3, #4, #5, #6, #7 and #8). This is a repeat deficiency from the 8/19/09 State Licensure Survey Severity: 1 Scope: 3	Y 895		
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all	Y 936		

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Y 936	Continued From page 11 records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure 2 of 8 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #5 and #8). This was a repeat deficiency from the 8/19/09 State Licensure survey. Severity: 2 Scope: 2	Y 936		
Y1010 SS=E	449.2764(1) Mental Illness Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review on 6/16/10, the facility failed to ensure 2 of 6 employees had received 8 hours of training concerning care for residents who are suffering from mental illnesses	Y1010		

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Y1010	Continued From page 12 (Employee #3 and #4). Severity: 2 Scope: 2	Y1010		